## STATE OF HAWAI'I FAMILY COURT OF THE

## CHILD SUPPORT GUIDELINES WORKSHEET

CASE NUMBER

_	CIRCUIT	GOIDELINES	WORKSHEET	FC-	NO.			
			This document was prepared by ☐ Plaintiff ☐ Defendant ☐ Atty. for Plaintiff ☐ Atty. for Defendant					
	PLAINTIFF/PETITIO	NER  Mother  Father	Name					
	VS.		Address					
			City, State, Zip	-				
	DEFENDANT/RESPOND	DENT  Mother  Father	Telephone			-		
Line 1	BASE PRIMARY SUPPORT \$2	250 X (# of children	n)					
2	Plus Monthly Child Care Expenses					+		
3	Plus Monthly Health/Dental Insurance for the Child(ren)					+		
4	PRIMARY SUPPORT NEED (a	add lines 1, 2 and 3)			=			
				FATHER(A)	MOTHER(B)	TOTAL(C)		
5	Parents' SOLA Income (from Table)				+	=		
6	Less PRIMARY SUPPORT NEED (on line 4)					-		
7	Parents' Net SOLA Income (line	e 5 - line 6)						
8	SOLA Percentage, 10% per child, up to 30%					x %		
9	SOLA OBLIGATION (line 7 x line 8)							
10	TOTAL SUPPORT NEED (line 4 + line 9)							
				FATHER(A)	MOTHER(B)	TOTAL(C)		
11	Monthly Gross Income					=		
12	Monthly Net Income (from Table)				+	=		
13	Income Percentage (line 12(A)	÷ line 12(C)) or (line 12(B) ÷	ine 12(C))	%	%			
14	Support Payable By Each Paren	t (line 10) x Parent's (line 13	3) %					
15	Less Monthly Child Care Exper	nse for Parent Who Pays		-				
16	Less Monthly Health Insurance	Cost for Parent Who Pays		-				
17	REMAINING CHILD SUPPOR (Round to nearest \$10.00)	RT PAYABLE BY EACH PA	RENT					
18	☐ Mother ☐ Father pays to ☐ per month). ☐ Mother ☐ Fath			per mo		per child		
I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.					Only			
Eath an			Data					
Father			Date					
Mother			Date					
☐ For j	exceptional circumstances see attached I joint physical custody calculations or vis	sitation 143 days or over per year, s						
Guid	delines Worksheet For Joint Custody/Ext	ensive Visitation and enter amount	ts on line 18					

STATE OF HAWAI'I FAMILY COURT OF THE CIRCUIT		CHILD SUPPORT GUIDELINES WORKSHEET F JOINT CUSTODY/EXTENSIVE VISI			CAS FC-	E NUMBER NO.	
		1	This document was p □ Plaintiff □ Defen		for Plain	ntiff □Atty. for Defen	ndant
	PLAINTIFF/PETITI	ONER  Mother  Father	Name				_
	VS.		Address				_
		City, State, Zip					
	DEFENDANT/RESPON	DENT  Mother  Father	Telephone				_
LINE	JOINT CU	STODY CALCULATION		FATHER	(A)	MOTHER(B)	(C)
1	SUPPORT (From Child Support Guidelines Worksheet Line 17) no less than \$50/child				.()	WIO TILLICE)	(8)
2	YEARLY SUPPORT OBLIGATIO [Line 1(A) x 6 months] and [Line 1						
3	Difference between lines 2(A) and						
4	JOINT CUSTODY CHILD SUPPO Enter this amount in either Line 4(A child support obligation from Line						
	DINT CUSTODY, STOP HERE PORT GUIDELINES WORKSI		ROM LINE 4(A)	OR 4(B) O	F TH	IS WORKSHEE	T TO CHILD
		EXTENSIVE VISITA	TION CALCULAT	ION			
	Custodial Parent is ☐ Father ☐ Mot e Non-Custodial Parent has visitation			er.			
IF TH	IE NON-CUSTODIAL PAREN'		F VISITATION P	ER YEAR	COM	PLETE LINES	5 - 11 BELOW.
	E NON COSTODINE TIMEN	Γ HAS OVER 143 DAYS O					1
5	REGULAR SUPPORT: Enter the custodial parent from Line 1 about	ne child support obligation fo	r the non-				
5	REGULAR SUPPORT: Enter the	he child support obligation fo ove.					
	REGULAR SUPPORT: Enter the custodial parent from Line 1 about JOINT CUSTODY CHILD SUIT	ne child support obligation fo ove.  PPORT: Enter the amount fro obligations in Lines 5 and 6 and Line 5 [Line 5 - Line 6] in Lines 5 and 6 are for differ	m Line 4(A) or				
6	REGULAR SUPPORT: Enter the custodial parent from Line 1 about JOINT CUSTODY CHILD SUI 4(B) above.  Difference: If the child support parent, then subtract Line 6 from If the child support obligations.	pe child support obligation fo ove.  PPORT: Enter the amount fro obligations in Lines 5 and 6 and Line 5 [Line 5 - Line 6] in Lines 5 and 6 are for difference 6]	m Line 4(A) or				
7	REGULAR SUPPORT: Enter the custodial parent from Line 1 about JOINT CUSTODY CHILD SUI 4(B) above.  Difference: If the child support parent, then subtract Line 6 from If the child support obligations add Lines 5 and 6. [Line 5 + Lines 5]	ne child support obligation fo ove.  PPORT: Enter the amount fro obligations in Lines 5 and 6 and Line 5 [Line 5 - Line 6] in Lines 5 and 6 are for difference 6]  ÷ 40 days]	m Line 4(A) or are for the same ent parents, then				X
6 7 8	REGULAR SUPPORT: Enter the custodial parent from Line 1 about JOINT CUSTODY CHILD SUI 4(B) above.  Difference: If the child support parent, then subtract Line 6 from If the child support obligations add Lines 5 and 6. [Line 5 + Line 7]	ne child support obligation fo ove.  PPORT: Enter the amount fro obligations in Lines 5 and 6 and Line 5 [Line 5 - Line 6] in Lines 5 and 6 are for difference 6]  ÷ 40 days]  AYS OVER 143 DAYS PER	m Line 4(A) or are for the same ent parents, then				X =
6 7 8 9	REGULAR SUPPORT: Enter the custodial parent from Line 1 about 4(B) above.  Difference: If the child support parent, then subtract Line 6 from If the child support obligations add Lines 5 and 6. [Line 5 + Line 5]  ADJUSTMENT RATE [Line 7]  NUMBER OF VISITATION DAYS EXCEED	he child support obligation fo ove.  PPORT: Enter the amount fro obligations in Lines 5 and 6 and Line 5 [Line 5 - Line 6] in Lines 5 and 6 are for differ ine 6]  ÷ 40 days]  AYS OVER 143 DAYS PER DING NORMAL SUPPORT	m Line 4(A) or are for the same ent parents, then YEAR				

GUIDELINES WORKSHEET.